



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 08-018

MCCG

19 MAY 2008

Expires 19 MAY 2010

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Screening for Post-Traumatic Stress Disorder (PTSD) and mild Traumatic Brain Injury (mTBI) Prior to Administrative Separations

1. References.

- a. Army Regulation (AR) 635-200, Active Duty Enlisted Administrative Separations, 6 June 2005.
- b. Army Medical Action Plan, Phase III task, "Consider mTBI and PTSD Separations", July 2007.
- c. Sigford, B., M.D., Veterans Affairs, National Director, Physical Medicine and Rehabilitation, December 2007. Screening and Evaluation of Possible TBI in OEF/OIF Veterans, Brief.
- d. Post Traumatic Stress Disorder Checklist (PCL) for DSM-IV, 1 November 1994, Weathers, Litz, Huska, & Keane, National Center for PTSD – Behavioral Science Division.

2. Purpose. To outline procedures for PTSD and mTBI screening of Soldiers considered for administrative separations, including but not limited to Chapter 9, Alcohol or other Drug Abuse Rehabilitation Failure; Chapter 13, Unsatisfactory Performance; Chapter 5-13, Personality Disorder; Chapter 5-17, Other Mental Health Condition; and Chapter 14-12, Patterns of Misconduct, reference 1.a.

3. Proponent. The proponent for this policy is HQ, MEDCOM, Office of the Assistant Chief of Staff for Health Policy and Services, ATTN: MCHO-CL-H.

4. Responsibilities.

- a. The Surgeon General has overall responsibility for policy guidance in defining and implementing the Army Medical Department's behavioral healthcare screening requirements.
- b. The Directorate of Health Policy and Services, through the Proponency Chiefs of the Offices for Behavioral Health and Rehabilitation and Integration are responsible for the distribution of behavioral health evaluation and mTBI requirements and reviewing, revising, updating, and deleting existing policies conflicting with these requirements.

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c. Medical Treatment Facility (MTF) Commanders will ensure that all Soldiers are screened for PTSD and mTBI during routine mental health evaluations for administrative separations related to the Chapters identified in paragraph 2., above.

5. Discussion.

a. There has been concern that Soldiers with undiagnosed or untreated PTSD or mTBI are being administratively discharged from the Army. Therefore, it is paramount that the Army adequately assesses every one of these Soldiers for PTSD or mTBI.

b. This guidance refers to Soldiers who receive mental health evaluations from behavioral health clinicians for administrative separations.

6. Policy.

a. Behavioral Health Departments within each MTF will ensure that Soldiers receiving mental health evaluations related to the Chapters identified in paragraph 2., above are conducted by a behavioral health clinician IAW AR 635-200. Evidence of documentation of a screen for both PTSD and mTBI must be part of DA Form 3822-R, Report of Mental Status Evaluation and documented in the progress note located in the Soldiers' Armed Forces Health Longitudinal Technology Application (AHLTA) record.

b. There are screening tools (enclosures 1 and 2) for both PTSD and mTBI that can assist the clinician during the assessment. These tools are also located at <https://www.us.army.mil/suite/page/222>. The consensus of the subject matter experts is that the VA screening questions and the PCL found at the website above are the best tools for screening in this population. It should be noted that the mTBI screening tools are not diagnostic. Any positive mTBI screen will require a further evaluation to establish the correct diagnosis with referral and other testing if necessary. Other assessment tools may be added at the discretion of the clinician.

7. Point of contact is COL Elspeth Ritchie, Office of The Surgeon General, DSN 761-1975, Commercial (703) 681-1975 or e-mail elspeth.ritchie@us.army.mil.

2 Encls

1. PCL

2. VHA TBI Clinical Reminder
and Screening Tool



ERIC B. SCHOOMAKER
Lieutenant General
Commanding

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*)

Date: _____

PTSD Checklist – Military Version (PCL-M)

Instructions: Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in *the last month*.

No.	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience?					
2.	Repeated, disturbing <i>dreams</i> of a stressful military experience?					
3.	Suddenly <i>acting or feeling</i> as if a stressful military experience were happening again (as if you were reliving it)?					
4.	Feeling very upset when something reminded you of a stressful military experience?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful military experience?					
6.	Avoid <i>thinking about or talking about</i> a stressful military experience or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because they remind you of a stressful military experience?					
8.	Trouble remembering important parts of a stressful military experience?					
9.	Loss of interest in things that you used to enjoy?					
10.	Feeling <i>distant or cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your future will somehow be cut short?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

Weathers, F.W., Huska, J.A., Keane, T.M. *PCL-M for DSM-IV*. Boston: National Center for PTSD -- Behavioral Science Division, 1991.
This is a Government document in the public domain

Score:

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED AT: 

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART/SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

Date Arrived AOR: _____

Date Departing AOR: _____

AFSC: _____

No. of Previous Deployments to AOR: _____

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV 5-94)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

VHA TBI Clinical Reminder and Screening Tool

Section 1: During any of your OIF/OEF deployment(s) did you experience any of the following events?

(Check all that apply)

- ☐ Blast or Explosion
- ☐ Vehicular accident/crash (any vehicle, including aircraft)
- ☐ Fragment wound or bullet wound above the shoulders
- ☐ Fall

Section 2: Did you have any of these IMMEDIATELY afterwards?

(Check all that apply)

- ☐ Losing consciousness/"knocked out"
- ☐ Being dazed, confused or "seeing stars"
- ☐ Not remembering the event
- ☐ Concussion
- ☐ Head injury

Section 3: Did any of the following problems begin or get worse afterwards?

(Check all that apply)

- ☐ Memory problems or lapses
- ☐ Balance problems or Dizziness
- ☐ Sensitivity to bright light
- ☐ Irritability
- ☐ Headache
- ☐ Sleep problems

Section 4: In the past week, have you had any of the symptoms from Section 3?

(Check all that apply)

- ☐ Memory problems or lapses
- ☐ Balance problems or dizziness
- ☐ Sensitivity to bright light
- ☐ Irritability
- ☐ Headaches
- ☐ Sleep problems